



BOB RILEY
GOVERNOR

STATE OF ALABAMA DEPARTMENT OF INSURANCE

State Fire Marshal's Office
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JIM L. RIDLING
COMMISSIONER

State Fire Marshal
Edward S. Paulk

MAILING ADDRESS:

P.O. BOX 303352
MONTGOMERY, AL 36130-3352

OVERNIGHT ADDRESS:

201 MONROE STREET, SUITE 1790
MONTGOMERY, AL 36104
PLEASE USE FEDEX, UPS OR DHL

APPLICATION FOR STATE FIRE MARSHAL'S CERTIFIED FIRE ALARM CONTRACTOR PERMIT

In compliance with Sections 34-33A-1 to 34-33A-13, Code of Alabama, 1975, I hereby apply for a State Fire Marshal's Permit to engage in the installation, repair, alteration, maintenance, or inspection of fire alarm systems in Alabama.

CERTIFICATE HOLDER'S NAME: _____
(PLEASE PRINT OR TYPE)

CERTIFICATE HOLDERS SSN: _____ **DOB:** _____
(PLEASE PRINT OR TYPE)

NAME OF BUSINESS: _____
(PLEASE PRINT OR TYPE)

BUSINESS ADDRESS: _____
(PLEASE PRINT OR TYPE)

MAILING ADDRESS: _____
(PLEASE PRINT OR TYPE)

BUSINESS TELEPHONE: _____ **PERMIT TYPE: INITIAL** ☐ **RENEWAL** ☐
(PLEASE PRINT OR TYPE)

This is to certify that _____ (certificate holder) is presently employed by _____ (business) in the capacity of _____ (title) and is authorized to act for the business in all matters pertaining to the installation, repair, alteration, addition, maintenance, or inspection of fire alarm systems in the state of Alabama.

If for any reason the certificate holder terminates employment with the above business, we the undersigned, do understand that the State Fire Marshal's Office is to be notified within thirty (30) days, and that the business will have nine (9) months or until expiration of the current permit, whichever comes first, to submit an application on a new certificate holder and be issued a new permit.

I the undersigned do certify that the information provided above is true and correct. I the undersigned do understand that submission of false information is grounds for license revocation and may subject me to criminal penalties.

Owner/President Signature

Date

Certificate Holder Signature

Date

INITIAL/RENEWAL FEE \$100.00

INCLUDE FEE WHEN SUBMITTING APPLICATION. (CHECK OR MONEY ORDER MADE PAYABLE TO THE STATE FIRE MARSHAL'S FUND.)

INCLUDE COPY OF NICET CERTIFICATION CARD (CURRENT) FOR FIRE ALARM SYSTEM TECHNICIAN – LEVEL III.

CERTIFIED FIRE ALARM CONTRACTOR ATTACHMENT

1. Home address of the NICET Certificate holder:

Street Address

City

State

Zip Code

2. I understand as the NICET Certificate holder for this company that I am licensed only by this company and no other company within the Fire Alarm Industry.
3. I understand as the NICET Certificate holder for this company that I am responsible for the layout, installation, maintenance, repair or alterations performed by this company.

Signature of NICET Certificate holder

Date